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Report of the World Health Organization on health statistics

Note by the Secretary-General

In accordance with a request of the Statistical Commission at its thirty-sixth session,** the Secretary-General has the honour to transmit to the Commission the report of the World Health Organization on health statistics. The Commission is requested to take note of the report, which is submitted for information.

* E/CN.3/2006/1.

** See *Official Records of the Economic and Social Council, 2005, Supplement No. 4* (E/2005/24), chap. I.B.

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Report of the World Health Organization on health statistics

Introduction

1. The Statistical Commission, at its thirty-fifth session held from 2 to 5 March 2004, called for the establishment of an intersecretariat working group on health statistics to develop a coordinated and integrated agenda for the production of health statistics and agree on standard definitions, classifications, and methodologies in health statistics, taking advantage of existing mechanisms wherever possible, and involving the community of official statistics at all stages, especially country experts;[1] and at its thirty-sixth session held from 1 to 4 March 2005, called for an update on the release of the microdata from the World Health Survey (2002-2003) with appropriate metadata.[2]

2. The present brief report describes progress in these two areas and summarizes ongoing efforts to strategically coordinate the generation of health statistics and to support countries in strengthening their health information systems accordingly.

I. Collaboration between the World Health Organization (WHO) and statistical constituencies: Health Metrics Network

3. The Health Metrics Network (HMN) was officially launched at the World Health Assembly in May 2005. The Network's Board membership reflects the strong focus of the collaboration on bringing together the health and statistics constituencies at global, regional and country levels in order to strengthen the ability of countries to generate, analyse, disseminate and use sound health statistics. Board members include developing-country representatives of ministries of health, national statistical offices (South Africa and Uganda being currently represented) and regional research centres. Representatives of the multilateral system are the United Nations Children's Fund (UNICEF), the World Bank, the Department of Economic and Social Affairs of the United Nations Secretariat and the World Health Organization (WHO). Representation of bilateral donors, foundations and public-private partnerships comprises the United States Agency for International Development (USAID), the Department for International Development (DFID) of the United Kingdom of Great Britain and Northern Ireland, the Danish International Development Agency (DANIDA), the Bill and Melinda Gates Foundation, the European Commission, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Other Board members are the Development Assistance Committee and the Partnership in Statistics for Development in the Twenty-first Century (PARIS 21) of the Organization for Economic Cooperation and Development (OECD) and the Centers for Disease Control and Prevention (CDC Atlanta). The Network secretariat is currently hosted by WHO.

4. The goal of the Health Metrics Network is to catalyse the development of country health information systems, thus increasing the availability and use of timely and sound information to support health-related decision-making at country and global levels. In support of this goal, the Network has three objectives:

- Forge consensus around technical approaches including tools, indicators and analyses to guide and drive the development of country health information systems and enhance access to and quality of data.
- Provide technical and financial support to countries to strengthen their health information systems.
- Develop policies, systems and incentives to ensure access to and use of information for decision-making in countries and globally.

5. The framework of the Health Metrics Network focuses on country health information systems and covers the context, resources, practices, products and use of health statistics. The draft framework was presented and discussed at several meetings involving statistical offices, including intercountry meetings on national plans for statistical development organized by PARIS 21 in Zambia and Ghana. In the first round for country proposals to strengthen health information systems the Network Board approved 41 proposals for funding (encompassing grants between $100,000 and $500,000). Strongly encouraged by the Network principles, all country proposals involve collaboration between health and statistical constituencies in countries.

6. Work continued towards the development of a new common health questionnaire instrument, building on the work already carried out by national and international organizations with regard to health surveys, and in coordination with existing groups such as the Statistical Office of the European Communities (Eurostat) group on health information systems and the Washington Group on Disability Measurement (city group). A Steering Group comprising Canada, the United States of America, WHO, Eurostat, and the Economic Commission for Europe (ECE) leads this work. A Meeting on Measurement of Health Status was held from 14 to 16 November, 2005, Budapest, jointly organized by ECE and Eurostat. This followed from the work of the Steering Committee and the Task Force on Health Status over the past year (in which WHO participated) undertaken to define the conceptual framework and to identify domains and questions for measurement of health status. WHO will continue to work with ECE and Eurostat in this area.

7. WHO provided advice, consultation and information on population health and mortality to national statistical and health agencies carrying out population-level health situation analyses (about 20) and international organizations, including the United Nations Office on Drugs and Crime (UNODC), the United Nations Research Institute for Social Development (UNRISD), OECD, the Asian Development Bank, the Centers for Disease Control and Prevention, and the Bill and Melinda Gates Foundation. In addition, WHO worked closely with the Economic and Social Commission for Asia and the Pacific (ESCAP) on the development and field-testing of a health and disability survey in five countries. Other regions have also shown interest in this collaboration.

II. World Health Survey (WHS)

8. WHO has worked with statistical offices in many countries in the implementation of the World Health Survey during 2002-2003 and has worked with countries to clean the data sets during 2004-2005. In what has been an interactive process, WHO is working towards providing countries with basic tabulations and a clean data set. During December

2005-February 2006, standard tables for all countries with a final data set (over 60 countries) will be published on the WHO website.

9. WHO has also invested in increasing country capacity to use the World Health Survey data. In this regard:

- Participants from five national statistical offices attended the two workshops organized by WHO in the Regional Office for Africa region for the purpose of analysing data and draft reports from the World Health Surveys for the 18 Regional Office countries.
- Participants from national statistical offices attended the planning meeting for the health surveys in the countries members of the Gulf Cooperation Council (including Yemen).
- The Canadian Institutes of Health Research together with Statistics Canada are putting out a request for applications to carry out analyses of the data from the World Health Survey.

10. It is envisaged that country statistical offices will be the key users of World Health Survey data in terms of analyses at the country level. WHO has obtained a server and software (Nestar) to make the data publicly available with appropriate metadata. The first 30 full data sets will be made public during February-March 2006. The making public of the remaining 41 data sets is expected to follow during April-June 2006.

11. WHO has collaborated with the International Household Survey Network to input all the World Health Survey metadata into the shared database and will take responsibility for inputting those microdata once it has been cleared by countries and is available for wider dissemination.

III. Intersecretariat Working Group on Health Statistics

12. The meeting of the Intersecretariat Working Group on Health Statistics, held at the headquarters of the Food and Agriculture Organization of the United Nations (FAO) on 28 November 2005, was convened by WHO, with facilitation by the United Nations Statistics Division, to develop a coordinated and integrated agenda for the production of health statistics and to agree on standard definitions, classifications, and methodologies in health statistics, taking advantage of existing mechanisms wherever possible, as recommended by the Statistical Commission at its thirty-fifth session.[1] This was pursuant to the agenda that had been developed based on the consultation of members of the Committee for the Coordination of Statistical Activities and discussions held at the thirty-sixth session of the Commission.

13. The meeting was attended by representatives from five countries (Australia, Botswana, China, South Africa and Thailand), the United Nations Statistics Division, WHO and the Food and Agriculture Organization of the United Nations (FAO). The agenda was accepted as proposed. The proposal by WHO that Mr. Richard Madden serve as the Chair was agreed by all participants.

14. The meeting had been planned immediately following the Eighth Inter-agency and Expert Group meeting on Millennium Development Goal Indicators, Rome, 24 and 25 October 2005, and the Expert Group Meeting on Millennium Development Goal Indicators, Rome, 26 and 27 October 2005 (both convened by the United Nations Statistics Division of the Department of Economic and Social Affairs of the United Nations

Secretariat and hosted by FAO, to allow country representatives and agency representatives to attend at low cost. Unfortunately, the formal invitations to the agencies were not sent out in time. WHO expressed its apologies to the participants and agreed to send an apology to those who had not been able to attend.

15. A draft of the terms of reference for the Intersecretariat Working Group was circulated and discussed at the meeting. Amendments to the text were made and further inputs from all organizations interested in the health statistics were sought.

16. The text on the functions of the Intersecretariat Working Group was edited. The principal function of the Intersecretariat Working Group is to serve as a platform for sharing key international developments in the field of health statistics and developing recommendations to be submitted to the Statistical Commission and all United Nations organizations on the following issues:

- Promoting harmonization, coordination and prioritization in the field of health statistics;
- Discussing and promoting the development and use of standard definitions, classifications and methodologies in health statistics;
- Promoting the development of appropriate country health information systems including both the health and statistical constituencies.

17. The meeting discussed four topics identified as initial priorities for the Intersecretariat Working Group: vital statistics systems, the Health Metrics Network, health and disability statistics, and the update and revision of the International Statistical Classification of Diseases and Health Related Problems. The note for the record of the meeting is available from http://www.who.int/healthinfo/en/. A second meeting is planned for 2006.

Notes

[1] *Official Records of the Economic and Social Council, 2004, Supplement No. 4* (E/2004/24), chap. II, sect. C, para. 4 (e) (ii).

[2] Ibid., *2005, Supplement No. 4* (E/2005/24), chap. IV, sect. B, para. 18 (c).